Exploring SEER Treatment Data Transcript

Slide 1

TED TRIMBLE: Well, I'd first like to thank my colleague from the Applied Research Branch, Lynn Harlin (phonetic), in that she helped me put together this presentation for a SEER statistical analysis, almost two years ago. SEER, as many people in the room know, collects data, now, in about 16 percent of the U.S. population. We have data on cancer incidence, cancer mortality, and primary treatment * in this case, of cervical cancer. We have information on the extent of surgery; whether radiation was used as part of primary therapy, although we do not have information on doses of radiation therapy. We have information on whether chemotherapy was used as part of primary therapy, but not in terms of doses or drugs used.

Slide 2

So the issues that I think we need to consider are first, whether treatment is available for the disease; what is the quality of that treatment; and whether patients are able to adhere with treatment recommendations.

Slide 3

In the analysis we did, we looked at five years, between 1992 and 1997. You'll see here, during this period, the majority of the patients were diagnosed with stage I disease. We clustered stages II, III, and IV together, and that comprises less than 50 percent. Stage of patients with unknown disease is relatively small. We then -- this is a percentage bars here * stage I here. We clustered stages II, III and IV -- these here * and this is stage unknown on the Right-hand column. These color-coded columns go from left to right. Left is no surgery or radiation. Then the blue is radiation only. The next column is surgery only. And then the green is surgery and radiation. And what you see for patients with stage I disease are most likely to be treated with surgery. And you see in those less than age 50, in fact, 80 percent are treated with surgery. It falls slightly with age. We do see more patients being treated with radiation, as people get older, and we also see increased use of surgery plus radiation, as people get older. This is all in stage I disease. For patients with stage II to stage IV disease, we would expect to see radiation as the primary modality, and in fact, we do see, in all age groups, that radiation only is the highest column. We do see some instances where surgery is used in addition to radiation. That is reasonable. We would not want to see too many patients who were treated with surgery alone, except for those with StageII-A disease, but here we've clustered all three stages together. Again, in the small patient population where stage was unknown, we see many of these patients are not having any treatment, which is obviously worrisome because these patients would have seen a physician, would have had a biopsy, giving them a diagnosis of invasive cancer, but had neither staging nor any treatment.

Slide 4

Now, we then looked at race and ethnicity to see how these factors impacted upon treatment. The columns here are white, Hispanic, black, and other. Again separated by stage. Stage I on the left, stages II through IV in the center, and stage unknown on the right. And again, this is the same patient population, the same pie chart. The majority of the patients have stage I disease -- a little less than half have stages II to IV, and the unknown is a relatively small percentage. And here we see, really very similar treatment patterns between -- when we look at race. At we see for stage I disease there's really no statistically significant differences in those patients that had surgery only. VOICE: (Inaudible.) DR. TRIMBLE: That is not statistically significant. I mean, there's a trend that more * a slight trend * a slightly higher rate of radiation or radiation plus surgery, but those are not significant. In stages II through IV disease, again we see a very similar trend for

radiation. I mean similar rates in radiation only, so really no differences here in treatment by race and ethnicity. And again, no differences in those with unknown stage.

Slide 5
Now, we then look at treatment by age and stage here. I'm sorry. This is income, median income/ stage at diagnosis, and we see really no particular difference. Patients with stage I disease are generally treated with surgery. The patients with stage II to IV disease are more likely to have radiation, which we would expect. Stage unknown, again, no major differences.

Slide 6
When we looked at treatment by educational level, again, really no major differences for stage I disease, stage II to IV disease, and stage unknown.

Slide 7
Overall, we saw that five percent of patients did not receive treatment, but we were very surprised that of those women older than age 65, up to 20 percent, regardless of race/ethnicity, did not receive treatment for stages II to IV disease. And so, that was a surprise to us and we're not sure why that is that older women, women older than age 65, are not getting any treatment whatsoever. Unfortunately, in the SEER data, we really do not have data on treatment availability, treatment quality, or adherence to treatment. Even, I mean, if we know that radiation therapy, for example, requires daily visits to the hospital, Monday through Friday, for five or six weeks. If a patient receives one of those treatments, then she was down on the "received treatment" list, so we do not have adequate data in this database to talk about adherence, nor can we tell about the quality of the treatment.

Slide 8
So again, the issues are, as I said: Is treatment available What is the quality and Are patients able to adhere to the treatment recommendations